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ARMOR CORRECTIONAL HEALTH SERVICES, INC.
And
Milwaukee Central Jail Facility Health Services Policy and Procedures

Health Services
Policy & Procedures

FACILITY NAME: Milwaukee Central Jail Facility

Date: 7/1/05
Revision: 3/1/07; 12/12/07
Revision: 2//09; 5/3/13
Revision:

TITLE: RECEIVING SCREENING*

NUMBER: J-E-02
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Reference: NCCHC: J-E-02* (*Essential)
ACA: 4-ALDF-4C-22* (*Mandatory)
FCAC: 19.03M; 9.06M; 19.04M
FMJ: 7.03

Policy:

- Inmates are screened upon arrival at the facility to provide continuity of care and to identify those who pose a threat to their own or others' health or safety or who may require immediate medical intervention.
- Medical intake for inmates is performed by health-trained or qualified health care personnel. When health-trained correctional personnel perform the receiving screening, they are to call health staff for disposition of the inmate if problems are identified.
- Inmates are screened for suicidal tendencies, chronic medical problems, unresolved acute medical problems, and communicable diseases. Immediate health needs are identified and addressed, and potentially infectious inmates are isolated.
- Any patient who is unconscious, semi-conscious, bleeding or otherwise obviously in need of immediate medical attention will be referred to the Emergency

Medical Director:	Date:
H.S.A:	Date:

EXHIBIT 39

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Department for care.

- When patients are referred to a community hospital and returned, their admission to the facility is predicated upon medical stabilization.

Procedure:

1. Receiving Screening will be initiated by the health trained staff using the Intake Health Screening form (#PT-051) which is timed and dated immediately upon completion, and signed by the screening staff and the patient. If computer system is utilized, the appropriate information will be entered into the system.
2. Inmates shall be refused admission to the jail if medically unstable; and sent to the hospital for evaluation and treatment. Pre-booking medical screening criteria used to guide the determination of medical stability shall be approved by the site Medical Director. The refusal and referral is documented on the "Pre-Booking Medical Screening" (#PT-053). When inmates are referred to an emergency department, their admission on return to the facility is predicated upon receipt of written documentation of treatment and necessary follow-up recommendations. Information will be entered in the "Intake Referral Log" (#MG-002).
3. Reception personnel, using a form approved by the responsible health authority, conduct a basic receiving screening inquiry on:
 - a. Current and past illness and health problems or special health requirements (e.g. dietary needs);
 - b. Past serious infectious disease;
 - c. Recent communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats);
 - d. Past or current mental illness, including hospitalizations;
 - e. History of or current suicidal ideation;
 - f. Dental problems;
 - g. Allergies;
 - h. Legal and illegal drug use (including type, amount, and time of last use);
 - i. Drug withdrawal symptoms;

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- j. Current or recent pregnancy; and
 - k. Other health problems as designated by the responsible physician.
4. Reception personnel record, on the receiving screening form, their screening observations of the inmate's:
- a. Appearance (e.g., sweating, tremors, anxious, disheveled);
 - b. Behavior (e.g., disorderly, appropriate, insensible);
 - c. State of consciousness (e.g., alert, responsible, lethargic);
 - d. Ease of movement (e.g., body deformities, gait);
 - e. Breathing (e.g., persistent cough, hyperventilation); and
 - f. Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse).
3. Immediate health needs are identified and addressed, and potentially infectious inmates are isolated.
4. If the patient's medical or behavioral health condition precludes placement in the jail or could adversely affect the inmate population, the Institutional Authority will be notified.
5. Health care personnel will make disposition recommendations to the Institutional Authority or designee based on assessment or review of screenings:
- a. Emergency Department – patients with unstable or emergent needs;
 - b. General population – no anticipated problems;
 - c. Close observation – patients who are at risk for self-harm or medical problems such as alcohol intoxication or possible drug withdrawal;
 - d. Medical housing or special accommodations - inmates with medical problems such as seizures, insulin dependent diabetes, cardiac or respiratory conditions, or physical limitations.
 - e. Isolation – for patients with potentially infectious diseases.
6. The disposition of the patient (e.g. immediate referral to appropriate health care service, placed in general population) is indicated on the receiving screening

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form.

7. Patients entering the facility on prescription medications continue to receive the medication in a timely fashion as prescribed, or acceptable alternate medications are provided as clinically indicated. (Refer to J-D-01.6, Continuity of Medication).
8. The "Intake Screening" form will be integrated with prior Health Records or incorporated into a new health record if the patient has subsequent contact with medical.
9. If the patient refuses to be screened or is "unscreenable" due to mental health or other conditions, he/she will be held in intake housing or medical observation until the screening can be completed.
10. The screening form will be maintained in the Health Care Unit for two (2) years within the facility and an additional seven (7) years in archives.

Forms Referenced in Policy:

Intake Screening Form (#PT-051)

Intake Referral Log (#MG-002)

Pre-Booking Medical Screening (#PT-053)

Attachment:

Memo: Pre-booking medical screening